

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CHRISTANNA'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 109 BLOUNT STREET WINTERVILLE, NC 28590		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Biennial Survey on March 5, 2015. The survey began at 12:30pm and concluded at 1:45pm. DHSR records indicate the home was first licensed on August 1, 1974 as a Family Care home for five (5) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1971 "Minimum and Desired Standards and Regulations (Adult) Family Care Homes (With a capacity of 2-5)" and the applicable portions of the 2005 "Rules 10A NCAC 13G for Family Care Homes", and the 1968 North Carolina State Building Code -- Volume 1B - Section 24. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1) The countertop located near the entrance door to the dining room door is damaged along the front edge. Have a qualified technician make the	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 necessary repairs to the countertop. Provide documentation to our office when completed. 2) The countertop located next to the stove is damaged along the front edge. Have a qualified technician make the necessary repairs to the countertop. Provide documentation to our office when completed. 3) The kitchen range hood appears to be scorched and has flaking paint. Have a qualified technician remove the existing range hood and install a new one. Provide documentation to our office when completed. 4) The wallboard that surrounds the tub area of bathroom #2 is stained and severely damaged. Have a qualified technician replace the entire section of wallboard in the tub area. Provide documentation to our office when completed. 5) In the tub area of bathroom #2, the shower faucet handle and the valve stem that operates the shower is broken. Have a qualified technician to make the necessary repairs to the shower faucet handle and the valve stem. Provide documentation to our office when completed. 6) The entrance door to bathroom #2 does not latch when closed. Have a qualified technician make the necessary repairs to the door or replace the door. Provide documentation to our office when completed. 7) The west facing window in bedroom #1 does not stay in the up position when opened. Have a qualified technician make the necessary repairs to the window. Provide documentation to our office when completed.	C 174		